

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024245

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 155

FILED JUL 2 1962

## 1. PLACE OF DEATH

a. COUNTY

Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Moberly Mo

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Woodland Hosp.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Randolph

c. CITY

OR TOWN

Moberly Mo

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

532 WINCHESTER ST

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print).

William

First

Middle

Last

Grant Smith

## 4. DATE OF DEATH

Month

6th

Day

18th

Year

1962

## 5. SEX

M.

## 6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12/24/07

## 9. AGE (last birthday)

54

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RR Section

## 10b. KIND OF BUSINESS OR INDUSTRY

None

## 11. BIRTHPLACE (City and state or country)

Huntsville Ala

## 12. CITIZEN OF WHAT COUNTRY

U.S.A

## 13a. FATHER'S NAME

WILLIAM A. SMITH

## 13b. MOTHER'S MAIDEN NAME

EMMA TYDINGS

## 14. NAME OF HUSBAND OR WIFE

ELMA

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

No

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

85 WIFE

## Address

532 WINCHESTER ST.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Myocardial Infarction

## INTERVAL BETWEEN ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)

Diabetes Mellitus - unregulated

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

6/17/62

to 6/18/62

and last saw her him alive on

6/18/62

## Death occurred at

1000 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Robert Harrison, MD

## (Degree or title)

## 22b. ADDRESS

121 S. 12th

## 22c. DATE SIGNED

6/20/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

6/22/62

## 23c. NAME OF CEMETERY OR CREMATORY

Oakland

## 23d. LOCATION (City, town, or county)

Moberly Mo

## (State)

## 24. FUNERAL DIRECTOR

Edward E. Robinson

## ADDRESS

Hannibal Mo.

## 25. DATE RECD. BY LOCAL REG.

6-22-62

## 26. REGISTRAR'S SIGNATURE

Seaburn

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0887

2 0887

3

4 2

5 1

6

7 0

8 2

9 420.1

10

11

12 5-0

13 1-0

JUL 5 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edmund E. Robinson

Licensed Embalmer No. 4999

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.